

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_588_7

Offer Name: Building Healthy Communities in Iowa—Iowa’s Safety Net Through Emergency Response

This offer is for a: status quo existing activity and improved existing activity.

Result(s) Addressed: Improve Iowans Health

Participants in the Offer: IDPH, Local Emergency Medical Services (EMS) providers, Hospitals, University of Iowa, Iowa Homeland Security and Emergency Management Division (HLSEM), Iowa Health System, Mercy Health System Laboratories, Iowa Department of Administrative Services, Iowa Capitol Complex, Community Based Organizations.

Person Submitting Offer: Mary Mincer Hansen, RN, PhD

Contact Information: Iowa Department of Public Health; Phone: 515-281-8474 Fax: 515-281-4958

OFFER DESCRIPTION

The Health Buying Team is seeking offers that assure “All Iowans Have Access to Quality Care” that “Improve Preventative Strategies and Health Education,” “Mitigate Against Outside Risk Factors,” “Improve Quality of Life,” and “Improve the Health Care System.” The Iowa Department of Public Health, in collaboration with the partners listed above, proposes the following activities to achieve these strategies:

- 1) **Trauma and Emergency Medical Services (EMS) System:** The Bureau of EMS provides leadership, direction, and resource support to build a comprehensive, sustainable statewide trauma and EMS system in Iowa. Currently, resource support is provided to maintain a viable *volunteer* EMS system by awarding grants for education and training, equipment and supply purchases, disaster preparedness, and system development activities to local EMS and hospital partners. With this support, EMS (over 80% volunteer) can provide local emergency response to ensure all Iowa citizens have access to quality and affordable out-of-hospital emergency medical care. Iowa’s trauma and EMS system seeks to reduce suffering, disability, death, and costs associated with medical/traumatic illness and injury. The system exists to match the needs of the time-critically ill or injured patients to existing resources so that optimal, cost-effective care is achieved. Regulation and facilitation of all aspects of the continuum of EMS care in Iowa is conducted through administrative code (147A, 641- Chapters 131-141), thus assuring that a minimum medical standard of care is achieved in the out-of-hospital setting.
- 2) **EMS Injury Prevention and Love Our Kids:** Injury is the number one killer of people 0-34 years of age. The Emergency Medical Services for Children’s (EMSC) program provides statewide distribution of injury prevention initiatives through federal funding from the National Highway Safety Commission. This is the only state-agency supported injury prevention program established to address these children initiatives and work toward achieving the goals established within the Healthy Iowans 2010 document. Using the University of Iowa College of Public Health, Children’s Hospital of Iowa, Blank Children’s Hospital, Iowa SAFE Kids, and the Governor’s Traffic Safety Bureau allows a broader spectrum of resources and services to be provided to Iowans. Without EMSC and an injury-prevention program, numerous activities and projects would not happen at the local level.

These programs assist in reducing statewide morbidity and mortality rates associated with pediatric injuries through community-based local injury prevention programs. Grants are provided to communities to develop and implement injury prevention activities specific to their community needs. The Iowa Child Death Review team provides a yearly update depicting the plague of unintentional injury within our state.

- 3) **Improved Service – Iowa Capitol Complex Public Access Defibrillation (PAD) Program:** This program will ensure consistent access to lifesaving Automatic External Defibrillators (AED’s) and standardize AED placement throughout the complex (*See Placement List, Table 1*). AED is a machine that electrically shocks the heart back into a beating rhythm. The IDPH Bureau of EMS provides direction for AED program supervision, including policy development, machine/supply ordering, and education and training. AED placement calls for a 3-minute response time from collapse to arrival on-scene by a trained-rescuer with an AED.

Table 1. Placement List for AED’s in the Capitol Complex

1-Central Energy Plan	7-Lucas Building	3-State Capitol
4-Grimes Building	4-Ola Babcock Miller Building	1-Vehicle Dispatch
4- Historical Building, New	3-Parker Building	5-Wallace Building
7-Hoover Building	5-Records and Property	6-Workforce Development
4-Judicial Building		

- 4) **Iowa Poison Control Center (ISPCC):** The ISPCC educates the public on prevention and treatment and promotes public safety to reduce the number of deaths and health care costs caused by poisoning. The ISPCC combines the poison control resources and expertise of Iowa Health System (IHS) and University of Iowa Hospitals and Clinics (UIHC). The IHS and the UIHC each have a 24-year history of providing poison information and treatment. The jointly sponsored statewide poison control center provides Iowa’s 2.9 million citizens 24-hour toll-free telephone access to emergency poison information and treatment. Specially trained nurses staff the ISPCC’s hotline 24 hours a day and are backed up by a physician toxicologist. Poison specialists answer questions about household products, drug overdoses, chemicals at work or in the environment, plant and mushroom ingestions, medication errors, bites and stings, or any other toxicology related subject.
- 5) **Advisory Council on Brain Injuries:** This Council promotes and implements brain-injury prevention strategies. Additionally, the Council provides increased brain injury information, awareness, and education opportunities for professionals, service providers, and families experiencing brain injury through advisory council meetings and activities. The Prevention Task Force looks at activities that the Council can support or be involved in that would prevent or reduce the number or severity of brain injuries in the state of Iowa. The Service Task Force identifies activities that the Council can support or be involved in that would improve the life of individuals with brain injury by making needed service available in the state of Iowa.

To support and strengthen the above activities, IDPH will perform the following activities using federal or other sources of funding:

- 1) **EMS for Children (EMSC):** Provide pediatric specific enhancement to the state’s EMS system.
- 2) **Fatality Assessment and Control:** Conduct comprehensive, state-level surveillance and investigations of traumatic occupational fatalities with an emphasis on work zone and machinery-related fatalities. Develop and disseminate educational materials in order to prevent such fatalities from occurring.

- 3) **Bioterrorism Public Health and Healthcare Preparedness and Response:** Upgrade state and local public health, hospital, and EMS preparedness for and response to bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Resource support is provided by contract for local, regional, and state emergency plan development and exercise, disease surveillance, detection, and control, laboratory response, communication, information technology, and education and training.
- 4) **“Meeting the Needs of Iowans with Traumatic Brain Injury”:** Increase access to brain injury information, training, services, and support to individuals and families experiencing brain injury, as well as the professionals who provide these services. Manage and expand the Iowa Brain Injury Resource Network (IBIRN) system. Create awareness and training forums for families experiencing brain injury and the professionals and providers who serve and support them.
- 5) **Disability Prevention:** Prevent other physical or psychological conditions related to disability among disabled Iowans. Provide “Living Well With a Disability” (adult and children’s version) curriculum to audiences statewide.

OFFER JUSTIFICATION

Return on Investment: Iowa’s \$2,208,711 investment is enhanced by \$19,522,978 in other sources of funding including federal funding, intrastate receipts, private grants, and retained fees for bioemergency preparedness, EMS, disability prevention, and increasing access to brain injury information, training, services, and support to individuals and families experiencing brain injury.

EMS: When all other health care initiatives fail, EMS is called to provide the necessary time critical emergency care and match the needs of the patient to appropriate medical care resources. With the collaborative support of numerous partnerships, improved patient outcomes have been established for all of Iowa’s citizens-pediatric through geriatric. For every dollar spent on injury prevention initiatives society saves \$13 in health care related costs. Injury is the leading cause of medical spending for children ages 0-18. The annual lifetime cost of all injuries to children under the age of 15 is \$254 billion. This total includes \$11 billion in medical costs, \$21 billion in future earnings, and \$222 billion in quality of life.

Support garnered on the federal, state, and local levels could not have been established or will not continue without the support of the lead EMS agency within the Iowa Department of Public Health. Regulating, in most cases, is accomplished through consultation, education and training. Through the regulation process, all Iowans and visitors to our state are assured of receiving a minimum standard of emergency health care in the out-of-hospital setting.

Disparate and at risk/vulnerable populations: The combined state and federal funding provides these services to all Iowans regardless of age, race or ethnicity, or socioeconomic status. Additional focus is on disabled persons across the state and those populations most at-risk for fatal injury including children, industrial, and agricultural workers. The EMS and trauma system provides emergency medical care services to all Iowans of all ages and to visitors of our state.

Impact on Iowans: Based on national averages per capita, Iowa’s EMS services respond to over 400,000 calls per year with over 346,000 patients transported. Iowa’s EMS workforce is comprised of over 75% volunteers, which provides an enormous health care cost savings.

Iowa’s Trauma System served 7,876 and 9,191 Iowans, who were critically injured in 2002 and 2003. These numbers only reflect the most critical injuries sustained by Iowans. The following success story gives you an example of one of the Iowans served and saved. Without Iowa’s Trauma and EMS system, this would not have been a success story.

14-year old Spencer Harrington was riding his dirt bike on a gravel road in October of 2003. A car came over a hill, hit and ran over Spencer. Spencer sustained major multiple injuries; his probability of survival was later figured to be at 11%. The EMS first responders and the local ambulance responded. Spencer was initially transported to Davis County Hospital, a community trauma care facility within Iowa's trauma system. Hospital emergency personnel stabilized Spencer and prepared him for transport by helicopter to the next level of care in the trauma system—Mercy Medical Center in Des Moines. The trauma team's response at Mercy was quick and organized, as it was at Davis County Hospital. Spencer was stabilized and immediately taken to the operating room. Iowa's trauma and EMS system organizes the trauma care throughout the state with protocols for pre-hospital assessed-based transport and criteria for trauma care facilities to follow.

According to his mother, Spencer is back to his old self. He is currently a freshman at Davis County High School and on the honor roll for the first time. One good thing that came of his tragedy is he had a tutor at home for almost three months, which helped him to develop good study skills. Besides his love of bikes, he loves hunting, fishing and all outdoor activities; in other words, Spencer is back to being a normal Iowa teenager.

Iowa has provided numerous national models, such as its pioneering use of AEDs and its unique funding of community-based of injury prevention initiatives. Funding should not be a barrier to helping prevent the number one killer of children—injury. Without this type of grant program, most communities would not have adequate resources to accomplish fire safety, bike safety, stranger/danger, occupant protection, and carbon dioxide safety projects. Because of the vigilant injury prevention efforts, Iowa leads the National Highway Traffic Safety Region VII in seat belt and child safety seat use and has been able to decrease fatalities to a 59-year low.

Because of injury prevention efforts, child passenger safety projects have been established statewide to provide occupant protection to all Iowans. In addition, the management of the state's "Love Our Kids" community-based injury prevention grant program expands injury prevention efforts to the local communities based on their needs. The EMSC's partnership with the NE-IA Kiwanis Foundation and local Kiwanis clubs has led to over 172 EMS services and 1,062 EMS providers receiving over \$132,000 in pediatric equipment and training at no cost. To date, over 45,000 children in 78 counties have benefited from injury prevention campaigns.

The Iowa statewide poison control center's 24-hour, toll free telephone emergency poison information resource hotline that can be used by both the public and health care professionals received approximately 26,000 calls during the last fiscal year. ISPCC staff answered more than 35,000 calls in 2003. Over half of the poisonings involved a child under the age of six. The ISPCC can assist people of all languages and the hearing impaired. Over 75% of cases were safely managed at home by telephone without the need for using more costly health care resources. This translates into a \$3.5 million savings in health care costs for Iowa each year.

Approximately 50,000 Iowans are living with long-term disability from brain injury. Each year, approximately 2000 Iowans sustain a traumatic brain injury severe enough to require hospitalization.

Cardiovascular disease is the single greatest cause of death in Iowa (5,768 in 1999) and Sudden Cardiac Arrest (SCA) accounts for 66.1% those heart related deaths. Well over one-half of all SCA deaths occur outside of the hospital. Quick response is the key to survival. Without early defibrillation, the chance for survival decreases by 7-10% each minute. Brain damage starts in just 4 minutes! On the Capitol Complex, SCA death may be prevented with the use of an AED before the Iowa State Patrol-Post 16 or the Des Moines Fire Department can arrive. The average EMS response time of nearly 4 minutes [to the

buildings within the capitol complex] does not include the several minutes it can take to reach the patient's side. This new standard of care is an essential tool to protect the health and safety of legislators, staff and visitors to the Capitol Complex. In April of 2000, Kane Roberts, [then Chair of the Republican Party] collapsed at the Iowa State Capitol and was resuscitated with an AED. Since that time, there has been random placement of AED's in some Complex buildings by a few departments.

Definitions:

SCA: Sudden Cardiac Arrest is when the heartbeat unexpectedly stops. Death is certain without immediate intervention. SCA is most often due to heart problems that can only be corrected with prompt defibrillation.

Defibrillation: external application of electrical current (shock) to restart the heart.

AED: Automatic External Defibrillator is a portable, FDA-approved, computerized device that determines whether defibrillation is required. The AED uses audio and visual prompts to direct a minimally trained individual how and when to use the machine. AED's are easy to operate and difficult to misuse.

PAD: Public Access Defibrillation is a program established by the owner of an AED that refers to strategic placement of the AED so anyone trained can access the machine when needed.

PERFORMANCE MEASUREMENT AND TARGET

Percent of patients meeting the criteria of the Iowa trauma protocol transported to a trauma care facility in 30 minutes or less: Target – 90%.

Percent of time an AED will be available at the site of a cardiac emergency on the Capital Complex, thus reducing the number of fatalities due to cardiac arrest: Baseline to be established in FY06. Target – 95%.

Number of EMS service programs receiving pediatric equipment and training from grants programs: Baseline 172 in 2003. Target – 198 (15% increase).

PRICE AND REVENUE SOURCE

Total Price: \$21,731,689 (\$2,208,711 state)

Expense Description	Amount of Expense	FTEs
Status Quo Direct Costs	20,820,449	42.70
Status Quo Administrative Costs	696,798	6.51
Improved Service Direct Costs	205,000	1.00
Improved Service Administrative Costs	9,442	0.15
Total	21,731,689	50.36

Revenue Description	Amount
Status Quo General Fund	919,949
Status Quo Tobacco Fund	1,074,320
Improved Service General Fund	214,442
Total State Funds	2,208,711
Other (intrastate receipts, private grants, retained fees, Sunday sales, etc.)	298,465
Federal Funds	19,224,513
Total Other Sources of Funding	19,522,978
Total	21,731,689

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_588_9

Offer Name: Building Healthy Communities in Iowa—Safe Practice

This offer is for a: status quo existing activity.

Result(s) Addressed: Improve Iowans Health

Participants in the Offer: IDPH

Additional Stakeholders: Centers for Disease Control and Prevention (CDC), Association for Professionals in Infection Control, U.S. Army Medical Research Institute of Infectious Diseases, Johns Hopkins University Center for Civilian Biodefense Studies, American Board of Medical Specialties (ABMS), American Medical Association (AMA), American Osteopathic Association (AOA), The Educational Commission for Foreign Medical Graduates (ECFMG), Federation of State Medical Boards (FSMB), National Board of Medical Examiners (NBME), The United States Medical Licensing Examination (USMLE), Federation Credentials Verification Service (FCVS), The Iowa Geriatric Education Center, Iowa Medical Society, National Council of State Boards of Nursing, , Iowa Dental Association, Iowa Dental Hygienists' Association, Iowa Dental Assistant Association, Iowa Hospital Association, Iowa Health Care Association, Iowa Association of Homes for the Aging, and Iowa Care Givers Association.

Person Submitting Offer: Mary Mincer Hansen, RN, PhD

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OFFER DESCRIPTION

The Health Buying Team is seeking offers that assure “All Iowans Have Access to Quality Care,” “Improve Quality of Life,” and “Improve the Health Care System.” The Iowa Department of Public Health, in collaboration with the partners listed above, proposes the following activities to achieve these strategies:

- 1) **Health Professions Regulation/Compliance – Board of Medical Examiners:** Regulate physicians (M.D.s and D.O.s) and acupuncturists to ensure that citizens of the state have access to safe care. Assure that only candidates qualified to practice medicine are granted a license, thus reducing the risks to the health and safety of the public from incompetent or under-qualified practitioners. Regulate practitioners in a judicious manner that is consistent with state law. Process and, if necessary, investigate completed applications for licensure, issue and renew resident and permanent licenses, and collect associated fees. Establish policy affecting the practice of medicine through rulemaking and regulatory review. Audit providers of continuing medical education and mandatory training. Investigate complaints and malpractice cases filed in Iowa. Prepare investigative reports and coordinate the medical and legal activities of the board's peer-review committees. Issue statements of charges, negotiate settlements, hold hearings, and police compliance with the board's disciplinary sanctions. Provide oversight of the impaired physician program, which monitors any physicians who have had discipline imposed. Discipline physicians who are not compliant with Iowa laws or rules.

- 2) **Health Professions Regulation/Compliance – Board of Nursing Examiners:** Protect the public health, safety and welfare by ensuring that nursing is practiced by at least minimally competent licensed individuals who practice within their authorized scope of practice. Regulate and enforce regulations for nursing education, nursing practice, and continuing education for nurses under the provisions of Iowa Code chapters 17A, 147, 152 and 272C. Issue original and endorse, renew, reactivate, and reinstate nurse licenses. Verify license records to other states or employers. Investigate more than 400 complaints per year and order about 135 of those cases to hearing. Monitor sanctioned licensees to ensure compliance with board-ordered requirements. Audit facilities to ensure that only licensed nurses are employed and plan to assure an adequate supply of nurses. Promulgate administrative rules that are critical to the effective administration and management of the agency and the policies established by the board. Staff ad hoc committees that address nursing practice. Register advanced nurse practitioners and renew their licenses. Draft declaratory rulings and respond to practice questions from the public, employers, and nurses. Survey nursing-education programs, support continuing education as a requirement for re-licensure, and oversee the continuing-education provider system and licensure examinations.
- 3) **Health Professions Regulation/Compliance – Board of Dental Examiners:** Administer and enforce statutes and administrative rules for the practice of dentistry, dental hygiene, and dental assisting. Establish standards for licensure through examination and consideration of applications and initial issuance of licenses. Set standards for renewal of licenses as well as monitoring of license/registration renewal requirements including education requirements, course review for relevancy, and applicability and sponsoring approval of continuing education. Set standards for issuing permits to allow the administration of general anesthesia, conscious sedation, and utilization of nitrous oxide in dental facilities. Investigate complaints of violations of the dental practice act and Iowa administrative code, which may result in disciplinary hearings and monitoring compliance of licensees with board orders. Ensure acquisition of sufficient funding for investigative, operational, and administrative functions including online records, statistical data, and automated programs to maintain and provide accurate, concise information retrieval.
- 4) **Health Professions Regulation/Compliance – Board of Pharmacy Examiners:** Administer and enforce laws affecting persons and businesses engaged in the practice of pharmacy and distribution of prescription medications and controlled substances in Iowa. Protect the health and welfare of Iowa consumers through minimum practice standards. Administer standardized examinations to qualified applicants to determine and verify applicant qualifications for initial licensure. Process initial and renewal applications for licensure for qualified applicants under the Iowa Uniform Controlled Substances Act. Monitor pharmacist continuing education requirements. Investigate complaints alleging incompetence of pharmacy professionals and support personnel or alleging violations of pharmacy law by individuals or businesses under the regulatory control of the board. Monitor compliance with the terms of probation or other discipline imposed by the Board. Prepare complaints, orders, settlement agreements, and other documents and notices in disciplinary cases. Adopt rules and procedures in accordance with legislative mandates to reflect evolving standards of pharmacy practice and better control the legal distribution of controlled substances. Conduct contested case hearings and impose appropriate disciplinary sanctions against offenders of the laws and regulations governing board regulated activities and professions.
- 5) **Health Professions Regulation/Compliance – Professional Licensure:** Protect the public health, safety and welfare by licensing qualified individuals who provide services to consumers and by fair and consistent enforcement of the statutes and regulations of the licensure boards. License and regulate approximately 90,000 individuals and 7,250 businesses. Process applications for licensure, renewal and reinstatement. Conduct examinations for licensure. Provide administrative support for 18 boards (Athletic Trainers, Barbers, Behavioral Sciences, Chiropractic, Cosmetology, Dietetic, Hearing Aid Dispensing, Massage Therapy, Mortuary Sciences, Nursing Home Administrators,

Optometry, Physical and Occupational Therapy, Physician Assistants, Podiatry, Psychology, Respiratory Care Practitioners, Social Workers, Speech Pathology and Audiologists). Review continuing education applications. Administer the impaired practitioner program. Determine eligibility for license participation in the volunteer health care provider program. Investigate complaints and impose discipline on licensees.

OFFER JUSTIFICATION

Return on investment: Iowa’s investment of \$4,992,138 is enhanced by \$1,744,103 in retained fees and federal funding. In addition, the boards of health professional regulation and compliance contributed \$5,958,133 to the state general fund in SFY04. General fund appropriations for these boards were \$4,973,759. Thus, the boards paid for themselves as well as provided \$984,374 for additional state services in SFY04. Reducing state funding for these services will severely limit the ability of these boards to regulate and assure compliance of health professionals and result in a decrease in state revenues.

Disparate and at risk/vulnerable populations: All Iowans receive services from this offer. Vulnerable populations receiving additional focus include rural, underserved, elderly, youth, racial/ethnic minorities, health providers, agencies, and organizations and rural communities. Services to health care practitioners assure quality health services are provided to all Iowans.

Impact on Iowans

The Boards of Dental, Medical, Nursing, and Pharmacy Examiners, and the 18 boards of the IDPH Bureau of Professional Licensure license and regulate approximately 140,000 individuals employed as physicians, dentists, pharmacists, nurses, and other health professionals. These services are integral to ensure that citizens of the state have access to safe, competent care.

PERFORMANCE MEASUREMENT AND TARGET

Percentage of complaints about health professionals resolved according to due process: Target – 90%.

Percentage of completed license renewals processed in 2 weeks: Target – 80%.

PRICE AND REVENUE SOURCE

Total Price: \$6,736,241 (\$4,992,138 state)

Expense Description	Amount of Expense	FTEs
Status Quo Direct Costs	6,484,402	76.00
Status Quo Administrative Costs	268,953	11.59
Total	6,753,355	87.59

Revenue Description	Amount
Status Quo General Fund	5,009,252
Total State Funds	5,009,252
Other (retained fees)	1,692,359
Federal Funds	51,744
Total Other Sources of Funding	1,744,103
Total	6,753,355

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_588_4

Offer Name: Building Healthy Communities in Iowa—Assuring Iowa’s Environmental Health

This offer is for a: status quo existing activity and improved existing activity.

Result(s) Addressed: Improve Iowans Health

Participants in the Offer: IDPH, Local public health, Iowa Department of Agriculture and Land Stewardship (IDALS), Iowa Homeland Security and Emergency Management Division (HLSEM)

Additional stakeholders: Iowa Department of Natural Resources (DNR), Iowa Department of Inspections and Appeals (DIA), Iowa Department of Human Services (DHS)

Person Submitting Offer: Mary Mincer Hansen, RN, PhD

Contact Information: Iowa Department of Public Health; Phone: 515-281-8474; Fax: 515-281-4958

OFFER DESCRIPTION

The Health Buying Team is seeking offers that “Improve Preventative Strategies and Health Education” and “Mitigate Against Outside Risk Factors.” The IDPH, in collaboration with the partners listed above, proposes to use state appropriations in performing the following activities to achieve these strategies:

- 1) **Environmental Health:** Provide an arbovirus early warning system for mosquito-borne diseases, such as West Nile Virus and other types of *encephalitis* through a mosquito observation contract with the Iowa State University Entomology Department. The Entomology Department sets up chicken flocks in select Iowa communities and local health departments get funding to draw blood from the chickens and collect mosquitoes from light traps strategically placed in their community. IDPH employs a state public health veterinarian, who provides technical assistance and help in controlling the spread of the diseases caused by these insects.
- 2) **Local Board of Health Environmental Liaison:** Provide direct technical assistance to boards of health on environmental health issues (wastewater treatment, private water wells, nuisance complaints, indoor air, tanning bed facilities, funeral home inspections, tattoo establishments, etc.). Assist local boards of health in building the capacity to deal with such issues. IDPH contracts with local health departments to inspect tattoo businesses, tanning bed facilities, and funeral homes. These local health departments indirectly receive funding from IDPH through the fees they collect from the businesses for inspections. IDPH provides training and technical assistance to the local health departments related to these inspection activities.
- 3) **Grade “A” Milk Certification:** Carry out field surveys of grade “A” milk supplies, dairy farms, processing plants, and transfer and receiving stations. Survey and certify the work performed by field inspectors working for the IDALS. The grade “A” milk-licensing program at IDALS is directly impacted by our certification activities. The certification by two IDPH “Ratings Officers” allows Iowa’s dairy farmers to ship their grade “A” milk products in and out of the state, as established in Iowa Code and Federal Pasteurized Milk Ordinance. Without this certification, Iowa’s dairy farmers would not be allowed to sell their grade “A” products.

- 4) **Radiological Health:** License and inspect facilities using radioactive materials. Register and inspect radiation-producing machines. Certify radiation operators. Respond to radioactive material accidents or nuclear power accidents. The radiological health program works very closely with HLSEM in preparing to respond to a potential disaster at a nuclear power plant. Iowa has one nuclear plant within its borders, but three others are just outside the state.
- 5) **Pools and Spas:** Inspect and regulate public swimming pools and spas through contracts with local health departments to assure the safety of these facilities. IDPH contracts with local health departments to inspect swimming pools and spas in their communities. These local health departments indirectly receive funding from IDPH from the fees they collect from facilities for the inspections. IDPH licenses every public swimming pool and spa in the state, performs engineering plan reviews for new and updated facilities, and does initial inspections on every new swimming pool and spa. IDPH also provides technical assistance to the local departments and field audits of their inspection programs.
- 6) **Abandoned Wells Project:** IDPH provides grants to local boards of health for private water well testing, plugging abandoned wells, and renovating deteriorating private drinking water wells. IDPH provides technical assistance to the local boards of health. DNR is a key stakeholder of this program since it is directly responsible for IAC 567 Chapter 49, which establishes construction standards for private drinking water wells.
- 7) **Improved Service – Environmental Health Community Health Consultants:** Three additional community health consultants will provide technical assistance to local environmental health programs. Identify, develop, and provide training that will strengthen the knowledge and expertise of workers. Carry out a voluntary certification program to set the foundation for educational and professional development expectations for environmental health workers. Provide technical assistance and guidance on community health-assessment activities to prepare communities to recognize environmental health risks. Help local boards of health identify, hire, and train qualified staff to carry out effective programs and address the challenges associated with environmental health issues. Collaborate with staff from other key state agencies that oversee environmental health programs offered through local environmental public health offices. These activities will strengthen the environmental health system in Iowa by assuring a consistent and integrated support system at the state level for local officials to use as a resource in delivering effective environmental health programs.

To support and strengthen the activities above, IDPH will perform the following activities using federal or other sources of funding:

- 1) **Health Assessment and Education:** Provide public health assessments, site reviews, updates, and health consultations to investigate actual or potential health risks to workers and community members living or working near hazardous waste sites in Iowa.
- 2) **Mammography:** Enforce federal and state legislation and rules for maintaining, inspecting, and operating mammography equipment. Inspect and permit operators to assure women that the personnel and equipment are operating safely.
- 3) **Radon Control:** Increase public awareness about radon, radon testing, and the related health issues to reduce the instances of exposure and associated illnesses. Certify and credential persons that test and mitigate buildings for the presence of radon.
- 4) **EPA Lead Certification and Enforcement:** Ensure federal certification of lead inspectors and lead abatement contractors rules. Oversee the required notification regarding lead-based paint before renovation or repainting.

- 5) **Lead Poisoning Prevention:** Manage a statewide surveillance system to identify adults with elevated blood lead levels, investigate related occupational hazards, and carry out preventive education for employers and employees.

OFFER JUSTIFICATION

Return on Investment: Iowa's \$1,397,887 investment in environmental health is enhanced by \$2,906,182 in other sources of funding including federal funding, intrastate receipts, private grants, and retained fees for additional health assessments and evaluation, mammography regulation, radon control, and lead inspection and abatement certification.

The grade "A" milk certification program allows Iowa's dairy producers to ship their grade "A" products in and out of the state. Without a grade "A" certification program, as required by Iowa Code 192.109 and 192.110 and the Pasteurized Milk Ordinance, milk producers could not sell their products. The dairy industry in Iowa provides more than 26,000 jobs (dairy farms, dairy processors, and other services that benefit dairy) and annually contributes more than \$1.5 billion to the state's economy. In comparison, the annual general fund appropriation for the grade "A" milk program is \$154,000.

The arbovirus early warning system allows communities across Iowa to determine if there is an actual risk to the public's health because of mosquitoes. In the absence of such information, many communities may decide to proceed with control efforts (adult spraying) just because of a number of nuisance mosquitoes. Spraying is very costly and is only somewhat effective in reducing numbers of mosquitoes. It also can pose a greater health risk than mosquitoes to people with respiratory conditions or those who are immunocompromised. Thus, the costs of unnecessary spraying and related health risks are avoided.

Fees from the tattoo businesses, radiological health, swimming pools and spas, and radon programs generated \$1,008,753 for the state general fund. State funding for these programs was \$899,681. Thus, these programs paid for themselves while providing an additional \$109,072 for other state services.

One recent event clearly shows the potential negative impact of not having a well-trained, professional staff at the local level to address environmental public health issues. A June 14, 2004 article in the Des Moines Register describes shortcomings of the Mills County environmental health office during the 1990's. An unqualified and untrained environmental health specialist approved more than 740 inadequately designed septic systems. Many of these systems have failed, leaving homeowners with raw human sewage in their yards and the county facing a multi-million dollar class action lawsuit.

Disparate and at risk/vulnerable populations: The combined state and federal funding provides these services regardless of age, race or ethnicity, or socioeconomic status. Particular attention is given to people living in proximity to hazardous waste sites, women seeking mammograms, and rural populations dependent on private drinking water wells.

Impact on Iowans: All consumers of dairy products in Iowa benefit from grade "A" milk certification activities. The public health interest in milk sanitation stems from two important considerations. First, milk is an important source of dietary elements needed for proper health, especially in children and older citizens. Second, milk can serve as a vehicle for disease and has, in the past, been associated with major disease outbreaks. Before the use of certification programs, milk borne outbreaks accounted for about 25% of all disease outbreaks due to infected foods and contaminated water. Currently, milk and milk products are associated with less than 1% of such reported outbreaks. In SFY04, the IDPH Grade "A" Milk Certification program's two ratings officers performed 70 listings, which consisted of 642 ratings (inspections). Because we provide this service, producers of grade "A" milk products in Iowa can ship

their products in and out of state, and we assure the protection and improvement of the milk supply. This program is a requirement of the federal Pasteurized Milk Ordinance. Iowa is an agreement state.

All Iowans benefit from mosquito surveillance and subsequent control activities. Drawing blood from chickens can efficiently and effectively tell whether diseases such as West Nile virus and encephalitis are common in mosquitoes in a given community. Local policy makers use data from these blood draws to decide whether mosquito control actions are necessary in their community to prevent disease.

Radioactivity at certain levels is known to cause cancer. This program licenses and inspects radioactive sources and machines used in various ways (medicine, manufacturing, etc). Those who use these sources are also licensed to ensure competence. Ensuring competent professionals and properly functioning equipment significantly reduces the likelihood of an exposure to potentially harmful levels of radiation.

Approximately 1.6 million people use public swimming facilities in Iowa annually. All of them benefit from inspection services. Pools and spas are regulated to protect the public from safety hazards (drowning) and poor water quality (infectious disease and chemical burns). The regulatory inspections portion of this program is contracted out to local health departments. Through routine inspections, local health departments identify hazards that could result in injury or death to pool/spa users. These hazards are corrected through regulatory actions. The department keeps data on the number of drownings each year. Local authorities have been very effective in getting pool-operators to eliminate deck and water safety hazards.

Nearly 20% of all Iowans use private-wells as their main drinking water source. In FY2004, IDPH funded over 8,000 private well services (water tests, abandoned well closures/pluggings, and well renovations/rehabilitations) to ensure the safety of drinking water statewide. Private water wells are connected to aquifers used by much of the state for drinking water. Abandoned wells are known to contain bacterial and other sources of contamination. Through this program, owners of abandoned wells can share costs for properly plugging the well and eliminating that potential contamination source. Renovation cost sharing helps bring deteriorating wells into compliance with current standards for construction. This is a cost-effective way to create a safe drinking water source for homeowners and eliminate potential ways of aquifer contamination. Funds for testing private drinking water wells for bacterial and nitrate contamination are also provided. Approximately 23% of Iowa's private wells test positive for total coliform bacteria. Total coliform bacteria are indicator species that tell homeowners whether other disease causing bacteria may also be in drinking water. Nitrates have been linked to "blue baby syndrome." Private well services assist in assuring safe drinking water quality for Iowa's owners of private wells. Eliminating potential ways for contamination, abandoned wells and those in need of rehabilitation, also protects the aquifers that many municipal drinking water wells draw from. Testing allows well owners to see whether the water they are drinking contains potential disease causing bacteria and take actions necessary to improve the safety of their water.

Concerns about the environment and its impact on human health are increasing. As a result, state and local public health officials are increasingly relied on to monitor and address those environmental conditions that pose an increased risk to public health. In Iowa, public health is delivered through 101 local boards of health (98 county, 2 city, and 1 district board), according to Iowa Code 137 and Iowa Administrative Code 641-77. Local boards of health and their staff are not prepared to handle this increasing pressure to address environmental public health concerns.

Environmental health programs are fragmented at the local, state, and federal level. In Iowa, three state agencies (IDPH, DNR, and DIA) administer environmental health programs that local boards of health provide at the local level. Not having these programs located in a public health agency tends to create

confusion about the intent and purpose of the various programs. It is difficult for many local boards of health to understand where to turn for assistance when various environmental health concerns arise.

Local environmental public health staff are not adequately educated or trained to enter the field of environmental public health. Minimum requirements do not exist for entry-level environmental public health positions, nor is there any certification requirement for those practicing. The workforce status creates a tremendous need for training and educational opportunities just to be able to handle existing programs (private wells, septic systems, food safety, pool/spa, tattoo, tanning, etc), not to mention the need for training on new and emerging concerns such as West Nile virus, biological & chemical terrorism, etc.

In the mid-1990's, the Iowa Department of Public Health recognized the challenges facing local environmental health programs/staff and began to address them. Most notable was recognizing the needs of local environmental health staff and public health infrastructure in two chapters of Healthy Iowans 2010, the health plan for Iowa created from the work of over 500 Iowans. In 1999, IDPH established the first Environmental Health Community Health Consultant position to work closely with local practitioners and local boards of health. The response and support for this position was and continues to be outstanding. In 2000, a second position was created to address the overwhelming need, but this position was lost to budget cuts in 2002. By comparison, there are nine community health consultants serving the 101 county boards of health for public health nursing programs. With only one environmental health community health consultant for this same number of boards, IDPH has been unable to meet the demands for technical assistance on environmental health issues from local boards of health.

All 99 county boards of health, county health departments, and boards of supervisors as well as two city boards of health and city health departments benefit from environmental health consultations. Approximately 400 direct consultations were provided in FY2003. One example of a direct consultation involves an abandoned house in a small rural community. The house may be so dilapidated that it poses a safety hazard for children playing in the community or maybe former residents have left a large pile of putrefying garbage. It is common for local health departments or boards of health to call our local board of health environmental liaison with a similar situation and seek guidance on the health risks and solutions to the problem. Customer satisfaction surveys completed by local health departments and boards of health continue to shine a positive light on this program. Local health departments have been very satisfied with the technical assistance received from IDPH staff. The consultations provided to local health departments and boards of health range from the dangers of dilapidated buildings/housing to indoor air quality questions about mold to concerns about water quality. Generally, the consultations address a safety hazard or potential environmental exposure that a community or individual is concerned about. One FTE Community Health Consultant is employed with general funds to provide direct technical assistance to local boards of health and health departments. All counties in Iowa have designated at least one contact for environmental health programs. One FTE supports 99 county programs. Formerly two FTEs performed this function, but budget cuts during SFY04 caused an elimination of the position.

IDPH has demonstrated a commitment to listening to and meeting the needs of local boards of health and their environmental health staff. The initial environmental health community health consultant positions led to the establishment of the Office of Technical Assistance in the Division of Environmental Health. In 2001, this Office received one of five national awards for "Building Environmental Health Capacity." Funding from this 3-year program supported advancing local environmental public health programs. IDPH provided training, grants, and evaluation and program models that have had a significant impact on local environmental health services. Three additional environmental health community health consultants will allow IDPH to apply these products and experience across the state in a much more effective manner.

Iowa, over the last couple of years, has experienced a significant rise in the number of shipments of radioactive waste being transported across the state. Most of these shipments occur within the I-80 corridor. Local first responders along this route will probably be the first on scene if an accident occurs. It is imperative that they have the proper training to handle this type of situation until the experts can get there. Their first actions could prevent unnecessary exposures to radioactive wastes from occurring.

PERFORMANCE MEASUREMENT AND TARGET

Number of direct consultations provided to local boards of health or environmental health practitioners annually: Baseline – 400 in 2003. Target – 450.

Percentage of first responders (police, fire, medical, EMS) along the Interstate or rail corridor receiving hazardous materials transport training: Baseline to be established in 2005. Target – 5%.

Number of grade “A” milk ratings performed annually: Baseline – 642 in 2004. Target – 640.

Number of private water services (well tests, well closures, well renovations) provided: Baseline – 8000 in 2003. Target – 8250.

Percent of private water wells testing positive for coliform bacteria: Baseline – 23% in 2004. Target – statistically significant decrease.

Percent of private water wells testing above the maximum contaminant level (MCL) for Nitrates: Baseline – 11% in 2004. Target – statistically significant decrease.

Percent of Iowa’s children (<6 years) receiving a blood lead test: Baseline – 57% in 2003. Target – 65%.

Percent of Iowa’s lead tested children considered poisoned (≥10 micrograms/deciliter): Baseline – 8.5% in 2003. Target – statistically significant decrease.

PRICE AND REVENUE SOURCE

Total Price: \$4,304,069 (\$1,397,887 State)

Expense Description	Amount of Expense	FTEs
Status Quo Direct Costs	3,900,271	28.85
Status Quo Administrative Costs	137,053	4.40
Improved Service Direct Costs	255,000	3.00
Improved Service Administrative Costs	11,745	0.46
Total	4,304,069	36.71

Revenue Description	Amount
Status Quo General Fund	1,131,142
Improved Service General Fund	266,745
Total State Funds	1,397,887
Other (intrastate receipts, retained fees, etc.)	1,880,170
Federal Funds	1,026,012
Total Other Sources of Funding	2,906,182
Total	4,304,069

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_588_12

Offer Name: Building Healthy Communities in Iowa—Controlling Iowa’s Communicable Bugs and Environmental Pests

This offer is for a: status quo existing activity and improved existing activity.

Result(s) Addressed: Improve Iowans Health

Participants in the Offer: IDPH

Additional Stakeholders: Iowa Department of Public Safety, University of Iowa, University of Iowa Hygienic Laboratory, Local public health, laboratories, physicians

Person Submitting Offer: Mary Mincer Hansen, RN, PhD

Contact Information: Iowa Department of Public Health; Phone: 515-281-8474; Fax: 515-281-4958

OFFER DESCRIPTION

The Health Buying Team is seeking offers that “Improve Preventative Strategies and Health Education,” “Mitigate Against Outside Risk Factors,” and “Improve the Health Care System.” The Iowa Department of Public Health, in collaboration with the partners listed above, proposes using state appropriations for the following activities to achieve these strategies:

- 1) **Acute Disease Epidemiology:** The Center for Acute Disease Epidemiology (CADE) works to protect and promote the health and safety of Iowans from acute diseases by working with local and state health officials to provide disease surveillance; investigation of acute disease outbreaks; education and consultation to county, local, and private health agencies on infectious diseases; immunization and vaccine consultation guidelines; treatment after animal bites (rabies); vaccines for international travel; and foodborne illness outbreaks.
- 2) **Improved Service – Regional Epidemiologists:** The six regional epidemiologists are instrumental in improving local surveillance and epidemiologic investigation/response capacities. The regional epidemiology program provides guidance/consultation for conducting epidemiologic investigations and follow-up of outbreaks and complex disease investigations. It provides basic and advanced surveillance and epidemiology education at the local and regional levels. In addition, the program assists local public health agencies in the development and testing of bio-emergency plans, specifically in the areas of surveillance and epidemiology. The program also supports the Center for Acute Disease Epidemiology (CADE) at the state office level and regional level during emergencies.
- 3) **Environmental Epidemiology:** This program provides epidemiological consultations to all local boards of health, county environmental health specialists, acute care hospitals, and long-term care facilities using environmental, occupational, and agricultural surveillance systems as well as chronic disease and injury surveillance. Surveillance data is collected on 52 reportable infectious diseases, which helps the department address many of Iowa’s health concerns, including asthma, atypical pneumonia, ear infection, exposure to toxic spills, pesticide poisoning, and occupationally related conditions such as silicosis and asbestosis.

To support and strengthen the above activities, IDPH will perform the following activities using federal or other sources of funding:

- 1) **Epidemiology and Lab Capacity:** The Epidemiology and lab capacity program within CADE is responsible for expanding and improving infectious disease surveillance in Iowa through the development and management a surveillance system involving a network of hospitals, laboratories, and physicians. Additionally, the program strives to improve the surveillance of acute respiratory and enteric disease as well as antimicrobial-resistant pathogens, West Nile Virus, and Hepatitis C. This program also provides education to the health community on public health issues.
- 2) **Bioterrorism Public Health and Healthcare Preparedness and Response:** The Center for Disaster Response is the lead for upgrading state and local public health, hospital, and EMS preparedness for and response to bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Resource support is provided by contract for local, regional and state emergency plan development and exercise, disease surveillance, detection, and control, laboratory response, communication, information technology, and education and training. The Regional Epidemiologists are key to provide consultation and education to local public health.
- 3) **Comprehensive Assessment of Rural Health in Iowa:** This program establishes a surveillance system for health outcomes and environmental hazards/exposures in one county (Carroll) that serves as a model for statewide application. Additionally, the program collects health outcome and environmental hazard/exposure data to identify trends or patterns in a Geographic Information System.
- 4) **Hazardous Substances Emergencies:** This program investigates hazardous material releases and related exposures and collects public health information about the impact on employees, emergency responders, and the public of hazardous substances releases.

OFFER JUSTIFICATION

Return on Investment: Iowa's \$1,299,890 investment is enhanced by \$1,710,011 in other sources of funding including federal funding and private grants for additional epidemiology services. All Iowans benefit from the prevention and control of communicable and environmental related diseases.

Disparate and at risk/vulnerable populations: The combined state and federal funding provides these services regardless of age, race or ethnicity, or socioeconomic status.

Impact on Iowans: The Center for Acute Disease Epidemiology (CADE) provides more than 10,000 consultations each year to clinicians, local public health officials, hospital infection control staff, and the public to assess situations that put the health of Iowans at risk. In addition, staff investigates potential outbreaks, initiates control measures to prevent further illness, and recommends prophylactic treatment to prevent exposed persons from becoming ill. These consultations prevent many (not-measurable) illnesses each year. CADE provides consultation to clinicians and local public health agencies on diseases requiring public health intervention. This includes collaboration with Centers for Disease Control and Prevention (CDC) by weekly reporting of nationally reportable diseases, and offers health education opportunities through lectures, organizational seminars and consulting.

A number of highly infectious diseases potentially would harm the health of all Iowans without public health intervention, including but not limited to, tuberculosis, meningococcal meningitis, and foodborne outbreaks (*E.coli* O157:H7). Outlined below are statistics regarding these diseases and the threat they pose to Iowans if public health prevention/treatment is not provided.

Tuberculosis: In Iowa, for each of the last five years, an average of 43 people with tuberculosis (TB) disease was reported. All persons with TB are followed by IDPH to ensure appropriate antibiotic treatment (which is provided free by IDPH), and that the correct x-rays and lab tests are performed. Also, public health conducts investigations to identify those exposed to TB by the patient—an average of 30 people per TB patient. Patients are tested for TB, and about three to four test positive, thus needing antibiotics to stop them from becoming ill. In total, 600-700 people are identified as having been directly exposed to TB patients each year in Iowa. After testing, over 60 are placed on prophylactic antibiotics. Routine TB testing done in high-risk populations identifies another 1,800 who test positive, and thus, need to be treated with antibiotics to prevent disease. Since it is estimated that 10% of people exposed to TB who test positive will get TB unless treated with prophylactic antibiotics, an estimated 180 new cases of TB are prevented each year in Iowa by the public health system.

Meningococcal Meningitis: On average, 30 cases of meningococcal meningitis are reported each year in Iowa. Each case of reported meningococcal meningitis is immediately investigated to determine who was exposed to the meningococcal bacteria, ensure follow-up microbial testing, and stop the disease from spreading (this is done by putting exposed people on antibiotics). When a person is exposed to meningococcal meningitis there is a 1-2% chance that they will get the disease, and of those that get the disease, 5-10% die. Additionally, 10-20% of survivors suffer permanent brain damage and/or hearing loss. It is estimated that each person with meningococcal meningitis exposes 15 people, thus approximately 450 people are exposed annually in Iowa. Thus, public health action prevents about nine cases of meningitis and one death per year from meningococcus meningitis.

E. coli O157:H7: In each of the last five years, Iowa has had about 120 cases of *Escherichia coli* O157:H7, a serious form of diarrhea. Each year on average, 44 people are hospitalized, 0-1 cases of secondary renal failure occur and two people die from this disease. State and local public health interview patients regarding how they got the disease, in hopes of identifying ways to prevent more people from becoming ill. Examples include, stopping spread in childcare centers or recalling of ground beef from grocery stores. Large outbreaks can occur if rapid public health interventions are not accomplished. For instance, a large outbreak occurred due to delays in reporting ill children to the public health system, involving hamburgers served by a fast food chain. Ultimately, over 500 persons became ill, 151 were hospitalized, 45 had renal failure (mostly children), and 3 died. Even though reporting was delayed, public health action still removed more than 250,000 servings of potentially contaminated hamburger, preventing an estimated 800 additional people from becoming ill. Because of continuing concerns of food safety, public health with the Department of Inspections and Appeal (DIA), provide education on the prevention of *E. coli* several times a year through the media, especially prior to the summer cookout season.

PERFORMANCE MEASUREMENT AND TARGET

Percent of Iowans rating their own health at good to excellent: Baseline 88% in 2003. Target – 88%.

Reduce Food-borne infections caused by major bacterial pathogens to incidences of no more than:

Pathogen Cases per 100,000

	2000	2002	2003	2010
Pathogen	National Cases	Iowa Cases	Iowa Cases	Target Cases
<i>Salmonella</i>	11.7	16.0	13.3	6.9
<i>Campylobacter</i>	18.9	14.5	15.6	11.5
<i>E. coli</i> O157:H7	2.8	3.8	3.3	1.0

Source: Iowa Department of Public Health

By 2010, reduce the statewide incidence of antimicrobial resistance in key reportable invasive antibiotic-resistance organisms as follows:

- 1) Reduce the number of Vancomycin-resistance enterococci (VRE) reported by 10%.
- 2) Reduce the number of Methicillin-resistant Staphylococcus aureus (MRSA) isolated by 10%.

PRICE AND REVENUE SOURCE

Total Price: \$3,009,901 (\$1,299,890 state)

Expense Description	Amount of Expense	FTEs
Status Quo Direct Costs	2,344,600	13.10
Status Quo Administrative Costs	76,032	2.00
Improved Service Direct Costs	563,324	6.00
Improved Service Administrative Costs	25,945	0.91
Total	3,009,901	22.01

Revenue Description	Amount
Status Quo General Fund	421,851
Status Quo Tobacco Fund	288,770
Improved Service General Fund	589,269
Total State Funds	1,299,890
Other (private grants)	30,865
Federal Funds	1,679,146
Total Other Sources of Funding	1,710,011
Total	3,009,901

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_588_8

Offer Name: Building Healthy Communities in Iowa—Investigating Health Problems

This offer is for a: status quo existing activity and improved existing activity.

Result(s) Addressed: Improve Iowans Health

Participants in the Offer: IDPH

Additional Stakeholders: Iowa Department of Public Safety, University of Iowa, University of Iowa Hygienic Laboratory, County Coroners, Iowa Department of Education, Iowa Department of Human Services, Iowa Department of Human Rights – Division of Criminal and Juvenile Justice Planning, Governor’s Office of Drug Control Policy, Iowa Workforce Development

Person Submitting Offer: Mary Mincer Hansen, RN, PhD

Contact Information: Iowa Department of Public Health; Phone: 515-281-8474; Fax: 515-281-4958

OFFER DESCRIPTION

The Health Buying Team is seeking offers that assure “All Iowans Have Access to Quality Care,” “Improve Quality of Life,” “Mitigate Against Outside Risk Factors,” and “Improve the Health Care System.” The Iowa Department of Public Health, in collaboration with the partners listed above, proposes using state appropriations for the following activities to achieve these strategies:

- 1) **State Medical Examiner:** Provide autopsy services statewide to determine cause and manner of death in cases outside the scope of a local medical examiner’s ability or training.
- 2) **Improved Service – Additional Funding for State Medical Examiner:** Preserve legal evidence and reduce stress to family members by hiring morgue assistants to receive and release bodies 24 hours a day. Hire staff to improve data and information technology performance by setting up a new database for preparing statistical reports, entering and filing medical investigation reports, and properly entering and retrieving other data. Hire a full-time receptionist to improve responsiveness to requests for autopsy results or requests for assistance from law enforcement and medical professionals. Hire additional investigators to assist local agencies and the state office in death investigations. Hire full-time autopsy technicians to help collect specimens and evidence. Currently, the office relies on part time emergency help to assist in performing autopsies. It is a continuous risk to use part time people to perform this function.
- 3) **Child Death Review/SIDS Autopsies:** Review medical and investigative information surrounding the death of any child aged 0-17 years who dies from any cause. Determine strategies that could reduce the number of future child deaths with similar circumstances. Establish firm diagnoses for infants who are suspected victims of Sudden Infant Death Syndrome (SIDS) by reimbursing for autopsies when no other funding source is available.

To support and strengthen the above activities, IDPH will perform the following activities using federal or other sources of funding:

- 1) **Health Statistics/Vital Records:** Provide health data and information to the public, other state agencies, the federal government, and other department programs through research, analysis, and publication. Record all vital events occurring in the state, such as births, deaths, and marriages, which serve as the population data critical to assessing the health of Iowans. Researchers from across the state are stakeholders of the health statistics/vital records program. These researchers benefit from the data the program maintains for the state. County recorders are the local authorities responsible for maintenance of vital events (birth, death, and marriage), which occur within their jurisdictions. They also distribute certified copies of these events to those individuals who have a right to obtain them. As a result, the county recorders collect and retain a fee associated with each certified copy.
- 2) **Iowa Domestic Abuse Review:** Review domestic abuse deaths in Iowa annually. Make recommendations regarding the prevention of future deaths. Prepare an annual report.
- 3) **Behavioral Risk Factor Surveillance System (BRFSS):** Collect prevalence data of self-reported health-risk behaviors (health status; health care coverage; tobacco use; alcohol use; body weight; hypertension; cholesterol awareness; cancer screening; oral health, HIV/AIDS awareness, etc.) of adult residents through an on-going statewide random telephone survey.

OFFER JUSTIFICATION

Return on Investment: Iowa's \$1,513,923 investment is enhanced by \$3,213,589 in other sources of funding including federal funding and retained fees for additional investigative, and data services. All Iowans benefit from death reviews and autopsies, analysis of health related data, and recording of statewide vital events. The health statistics program receives less than \$5,000 from the state general fund. Vital records is completely fee funded.

Disparate and at risk/vulnerable populations: The combined state and federal funding provides these services regardless of age, race or ethnicity, or socioeconomic status. Additional attention is provided to those most at-risk for SIDS or domestic abuse including youth and women. The youth survey will help improve services to youth in multiple health-related areas. Birth records are maintained and child-specific vital statistics are compiled.

Impact on Iowans: The State Medical Examiner has the responsibility of providing guidelines, assisting in death investigations, and performing autopsies for all 99 counties in Iowa. The number of cases referred to the State Medical Examiner and autopsied has increased from 189 in 2000 to 409 in 2003. During all of these years, Polk County had their own pathologist who performed the majority of the Polk County autopsies. Polk County has an appointed County Medical Examiner, as do most of the other 98 counties. The State Medical Examiner performs autopsies for all counties in Iowa. In evaluating the possibility of assuming the additional duties of the Polk County Medical Examiner, several things were considered including the number of unfinished cases in Polk County and staffing levels. The State Medical Examiner's Office recommended the County provide an additional part time forensic pathologist, an additional full time physician medical examiner, a full time physician assistant or administrator along with one additional investigator to meet the demands and workload of that office. The State Office would only have taken on the administration and duties of the Polk County Office if the county provided all the funds and personnel to do so without impinging on the already overworked State Medical Examiner Staff. It would be unfair to provide services to Polk County, which the office does not provide to other counties, unless Polk County were providing the personnel and funding to do so.

Much of the increase in caseload seen by the State Medical Examiner’s Office has and will continue to be the result of a slight increase in the number of cases being requested by County Medical Examiners, who are now more aware of and trying to meet national standards as to which cases should be autopsied. This means more cases are being sent to the State Medical Examiner’s Office, some of which used to be sent to other states for autopsy. Also, many pathology groups throughout the state who were performing state cases in the past are eliminating that part of their practice because they are not specifically trained in forensic pathology and are not interested in taking time out of their practice to testify in court. The new facility and current request for staff and funding is to provide services to all 99 counties throughout Iowa and fulfill the duties of the State Medical Examiner.

The State Medical Examiner is a major asset to the criminal justice system by providing postmortem examinations that assist in identifying unsuspected crimes, assistance in crime scene reconstruction, and expert testimony in civil and criminal legal cases. Examinations may identify a particular death as non-homicidal in nature and prevent unnecessary legal actions. Medical examiners also participate in gathering evidence, preserving appropriate specimens and evidence, determining the cause and manner of death, and assisting in the identification of the decedent.

The Bureau of Health Statistics records all vital events occurring in the state such as birth, death, and marriage, and has an interstate exchange agreement with all of the other states. The bureau registers approximately 100,000 vital events and issues about 85,000 certified copies annually. The data compiled and analyzed by this program is used for statewide health planning on a routine basis. It is typically the backbone of all health assessments conducted within the state.

PERFORMANCE MEASUREMENT AND TARGET

Percent of Iowans rating their own health at good to excellent: Baseline 88% in 2003. Target 88%.

Percentage of autopsy reports completed within 90 days from date of death: 95%.

PRICE AND REVENUE SOURCE

Total Price: \$4,727,512 (\$1,513,923 state)

Expense Description	Amount of Expense	FTEs
Status Quo Direct Costs	3,682,903	36.70
Status Quo Administrative Costs	119,058	5.60
Improved Service Direct Costs	884,800	11.00
Improved Service Administrative Costs	40,751	1.68
Total	4,727,512	54.98

Revenue Description	Amount
Status Quo General Fund	588,372
Improved Service General Fund	925,551
Total State Funds	1,513,923
Other (retained fees)	2,663,892
Federal Funds	549,697
Total Other Sources of Funding	3,213,589
Total	4,727,512